PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

10775 381

CLAIMS AS FILED - PART (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR		THAN ENTITY
TOTAL CLAIMS				_				RATE	FEE]	RATE	FEE
FOR NUMBER FILED					NUSA	BER EXTRA		BASIC FE	150.00	OR	Basic Fee	300.00
TOTAL CHARGEABLE CLAIMS minus					•			X\$ 25=		OR	X\$50=	
INDEPENDENT CLAIMS · minus								X100=		OR	X200=	
MULTIPLE DEPENDENT CLAIM PRESENT								+180=		OR	+360=	
• If the difference in column 1 is less than zero, enter						column 2		TOTAL		OR	TOTAL	
9/28/05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	ÓΒ	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER USLY	PRESENT EXTRA		RATE	ADDI TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 33	Minus	-4	4	•. —		X\$ 25=		OR	X\$50-	
	independent	. 2	Minus		5	·] [X100=/		OR	X200=	
Ļ	FIRST PRESE	ENTATION OF M	ULTIPLE DEI	PENDENT	CLAIM		,	+180=		OR	+360=	
								TOTAL	-		TOTAL	
(Column 1) (Column 2) (Column 3)								DOTT. FEE	· · · · · ·	JO. 1	ADOIT, FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RÂTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 20	Minus	· 4.	4	• 0	JΓ	X\$ 25	/	OR	X\$50=	·
	Independent	. 2	Minus		5	. 0		X100=		OR	X200=	
	FIRST PRESE	NTATION OF MIL	ILTIPLE DEP	ENDENT	CLAIM		1	A180-		OR	+360=	
+180-/ TOTA										ως .∵. [TOTAL	
ADDITITEE TO THE PARTY OF THE P												
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column HIGHE NUMB PREVIOU PAID F	ST. ER SSLY	PRESENT EXTRA	١٢	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus					C\$ 25=		OR	X\$50=	
	Independent	•	Minus			8	ŀ	X100=			X200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR		
• H	the entry in cohe	L	+180a		DR	+360=						
* If the entry in column 1 is less than the entry in column 2, write 70" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, unter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3,"										OA ,	TOTAL DOTT. FEE	
		ber Previously Paid					r lours	in the appr	ropriate box	in coa	mn,1.	